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| **PROPOSAL FOR THE APPOINTMENT OF THE EXAMINING COMMITTEE FOR THE RESEARCH PLAN****Doctoral degree in Applied Mathematics** |
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| Full name of the student |
| Title of the research plan |
| Date and time for the public reading of the research plan |
| Thesis supervisors |
| Members of the examining committee  |
| 1. PRESIDENT |
| Full name |
| DNI / Passport |
| Category |
| E-mail |
| University, institution, research center or enterprise, and department |
| Web page related to his/her research activity |
| 2. SECRETARY |
| Full name |
| DNI / Passport |
| Category |
| E-mail |
| University, institution, research center or enterprise, and department |
| Web page related to his/her research activity |
| 3. MEMBER |
| Full name |
| DNI / Passport |
| Category |
| E-mail |
| University, institution, research center or enterprise, and department |
| Web page related to his/her research activity |

Date: